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## \*BIBDATASHEET\*

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## APPLICANTS

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 \*\* CONTINUING DATA \*\*\*\*\* *a.d. (None)*

 \*\* FOREIGN APPLICATIONS \*\*\*\*\* *a.d. (None)*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 2	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

## ADDRESS

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## TITLE

Adaptive contrast agent medical imaging

FILING FEE  RECEIVED 1032	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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